

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Arlen Specter

<p><b>A.</b> Full Name (Last, First, Middle Initial) May Ragukonis</p> <p>Mailing Address 6 Christopher Place</p> <p>City Saddle River State NJ Zip Code 07458</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D274766</p> <p>Date of Disbursement MM / DD / YYYY 07 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas P Ragukonis</p> <p>Mailing Address 6 Christopher Place</p> <p>City Saddle River State NJ Zip Code 07458</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D274765</p> <p>Date of Disbursement MM / DD / YYYY 07 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alex Rahn</p> <p>Mailing Address 110 Henderson Street</p> <p>City Ridley Park State PA Zip Code 19078</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D274117</p> <p>Date of Disbursement MM / DD / YYYY 07 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1100.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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FEC Schedule B ( Form 3 ) (Revised 02/2009)

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